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## DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

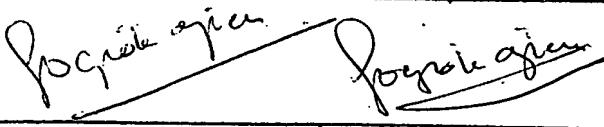
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Giok Djien Go				
Address	Pfahlgrabenstr 45				
Address					
City	Idstein	State	Hessen	ZIP	65510
Country	Germany	Telephone	+49 6126 8949	Fax	+49 6126 52614

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Giok Djien		Middle Initial	Family Name	Go		Suffix e.g. Jr.	
Inventor's Signature					Date	April 02, 2000		
Residence: City	Idstein		State	Country	Germany		Citizenship	German
Post Office Address	Pfahlgrabenstr 45							
Post Office Address	D-65510 Idstein							
City	Idstein		State	Zip	65510	Country	Germany	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto								

## **DECLARATION**

**PRIORITY DATA**  
**(Supplemental Sheet)**

#### **Additional foreign applications:**

**Additional provisional applications:**

Application Number	Filing Date (MM/DD/YYYY)

#### **Additional U.S. applications:**

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

PTO/SB/10 (6-95)

Approved for use through 07/31/96. GMB 0651-0031  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Docket Number (Optional)

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c)) – SMALL BUSINESS CONCERN

Applicant or Patentee: Giok Djien Go  
 Application or Patent N #: PCT/DE 93/03271  
 Filed or Issued: Nov 10, 1996  
 Title: Shoulder- and neck holder

I hereby declare that I am

the owner of the small business concern identified below:  
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN \_\_\_\_\_

ADDRESS OF SMALL BUSINESS CONCERN \_\_\_\_\_

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

the specification filed herewith with title as listed above.  
 the application identified above.  
 the patent identified above.

*DS 197 58468 A1*

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.  
 each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

*Giok Djien Go*

NAME OF PERSON SIGNING \_\_\_\_\_

TITLE OF PERSON IF OTHER THAN OWNER Pfahlgrabenstr 45 D-65510 Idstein Germany

ADDRESS OF PERSON SIGNING \_\_\_\_\_

SIGNATURE Giok Djien Go DATE April 02, 2000

Burden Hour Statement: This form is estimated to take 3 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/09 (6-95)

Approved for use through 07/31/96. GMB 0651-0031  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEVERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR

Docket Number (Optional)

Applicant or Patentee: Giok Djien GoApplication or Patent No.: PCT/DE 93 103271Filed or Issued: Nov 11, 1998Title: Shoulder- and neck holder

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

the specification filed herewith with title as listed above.

the application identified above.

the patent identified above.

*German Patent Appl. DE 197 58 498 A1*

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

No such person, concern, or organization exists.

Each such person, concern or organization is listed below.

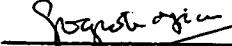
Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Giok Djien Go

NAME OF INVENTOR



Signature of Inventor

Date April 02, 2006

NAME OF INVENTOR

Signature of Inventor

Date

NAME OF INVENTOR

Signature of Inventor

Date

**Burden Hour Statement:** This form is estimated to take .3 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

Declaration of inventor

In a matter of

international application number PCT/DE 98/0 3271  
filing date Nov 10, 1998

German Patent Doc./Appl. DE 197 58 498 A1  
filing date Nov 11, 1997

I, under oath, declare of being the sole inventor and having completed all my own inventions, above-mentioned, and translated them into English as well as the US Appl. pursuant the US-Patent rules.

Signature

Go Giok Djien

April 02, 2000

Dr. -Ing. Giok Djien Go  
D-65510 Idstein  
Pfahlgrabenstraße 45  
Germany

Phone/Fax +49 6126 8949

A/10581 40 426 Rec'd PCT/PTO 09/554 APR 4 2000

FORM PTO-1506 (Rev. 6-93) OMB No. 0651-0011 (exp. 4/94)		RECORDATION FORM COVER SHEET <b>PATENTS ONLY</b>		U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office	
Tab settings □ □ □ □ □ □ □ □					
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies):  Giok Djien Go Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			2. Name and address of receiving party(ies)  Name: _____ Internal Address: _____ _____ Street Address: _____ _____ City: _____ State: _____ ZIP: _____		
3. Nature of conveyance:  <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: _____			Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Application number(s) or patent number(s):  If this document is being filed together with a new application, the execution date of the application is: _____					
A. Patent Application No.(s)  PCT/DE98/03271			B. Patent No.(s)  DE 197 58 4 98 A 1		
Additional numbers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: _____ Dr.-Ing. Giok Djien Go _____ Internal Address: _____ Pfahlgrabenstr. 45 _____ _____ D-65510 Idstein _____ Germany _____  Street Address: _____ Pfahlgrabenstr 45 _____  _____ City: _____ Idstein _____ State: _____ Hessen ZIP 65510 _____			6. Total number of applications and patents involved: <input type="checkbox"/>		
7. Total fee (37 CFR 3.41).....\$ <u>657</u>			<input type="checkbox"/> Enclosed <u>666</u> <input type="checkbox"/> Authorized to be charged to deposit account		
8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)					
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9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>					
Giok Djien Go Name of Person Signing			Signature <u>Giok Djien Go</u> Signature _____		
Total number of pages including cover sheet, attachments, and document: <input type="checkbox"/>					
Mail documents to be recorded with required cover sheet information to: Commissioner of Patents & Trademarks, Box Assignments Washington, D.C. 20231					
Date <u>April 04, 2000</u>					

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Washington, D.C. 20231